

**Regional Collection  
Center  
Establishment  
Grant Program**

**Iowa Department of Natural Resources  
Chuck Gipp, Director**



**SAFE, SMART,  
SOLUTIONS FOR IOWA**

**Application and  
Guidance**

**September 2016**



Land Quality Bureau  
Wallace State Office Building  
502 East 9<sup>th</sup> Street  
Des Moines IA 50319

## INTRODUCTION

### HOUSEHOLD HAZARDOUS MATERIAL (HHM) PROGRAM STATEMENT

The purpose of the HHM program is to educate lowans regarding the hazardous nature of certain household products, proper use of these products, and the proper methods of management and disposal of residual product and to provide lowans with proper disposal opportunities in order to protect public health, safety, and the environment.

It is the department's goal to protect public health, safety, and the environment through public awareness and by maximizing program participation by establishing regional collection centers (RCCs) across the state, by citing them near areas of greatest population, through mobile collection events and other convenience based actions.

### REGIONAL COLLECTION CENTER (RCC) ESTABLISHMENT GRANTS

The purpose of this Application and Guidance document is to solicit proposals from qualified applicants to educate the public about the management of hazardous materials and to provide access to proper disposal of hazardous materials through requests for the following projects:

- Adding a permanent structure/satellite facility to a "mobile only" county;
- Converting an existing satellite facility to a main RCC; or,
- Establishing an RCC program in an area which has never had RCC services.

### What is an RCC?

A Regional Collection Center is a secured site or facility at which collection, sorting, and packaging of hazardous materials from households and conditionally exempt small quantity generators (CESQGs) occurs prior to transportation of these wastes to a final disposal site. An RCC is **not** a hazardous waste landfill; rather it temporarily stores the materials until transportation arrangements are made with a hazardous waste contractor. Regional Collection Centers must also educate their residents and businesses, regarding the purchase of safer alternatives and the proper use, storage and disposal of hazardous materials.

### What is a Satellite Facility?

A satellite facility is also used for the collection and temporary storage of hazardous materials from households and CESQGs. However, a satellite facility is a smaller facility and may have limited space and hours. A satellite has a contractual relationship with an RCC for the consolidation and removal of collected waste, which can help lower the costs of disposal for all parties involved.

## GENERAL INFORMATION

### APPLICATIONS

Proposals must be submitted to the Department using the forms provided in this RCC Application and Guidance Document. Photocopies or emails of the forms are acceptable. Facsimiles **are not** acceptable.

**A completed application must be submitted to the Department via email or USPS at the address provided below.**

Applications are not guaranteed funding and financial assistance offered may be less than the full amount requested. The Department may offer a reduced award if the Land Quality Bureau has determined that the applicant could implement the project at a reduced level of financial assistance and achieve project objectives and program goals or if the Department determines funds are insufficient to award the full request amount.

Applications must be completed following the procedures identified in this Application and Guidance Document. Only completed applications received will be considered. The Department will not return applications that were not selected for funding assistance. The Department reserves the right to verify any information presented in the application and to determine the applicant's compliance with applicable State and Federal statutes and regulations. Previously successful grant applications are available for guidance and review upon request.

## DEPARTMENT CONTACT:

Kathleen L. Hennings  
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Department of Natural Resources  
502 E 9<sup>th</sup> St  
Des Moines IA 50319-0034

Phone: 515-725-8359  
Email: [kathleen.hennings@dnr.iowa.gov](mailto:kathleen.hennings@dnr.iowa.gov)

## ELIGIBLE APPLICANTS

An eligible applicant is a local government or a private agency representing local governments pursuant to Iowa Code chapter 28E. Applicants must meet all the criteria listed in this Application and Guidance Document and Chapter 211 and 123 of the Iowa Administrative Code to be eligible for this program. The information must be provided in the order as presented in the Application and Guidance document. Eligible applicants must be in compliance with all applicable Federal and State statutes and regulations at the time applications are submitted to the Department.

If an applicant is selected to receive financial assistance through this application, the financial assistance offer may, at any time, be rescinded if it is determined that:

1. The project will be located or implemented in an area or areas that do not have an approved solid waste comprehensive plan;
2. The project will be located or implemented in an area or areas that have not submitted a subsequent solid waste comprehensive plan by the assigned deadline;
3. The project will be located or implemented in an area or areas that do not use a legally permitted landfill;
4. The applicant is found to be out of compliance with applicable Federal or State statutes or regulations; or,
5. Funding for this program is discontinued, reduced or determined to be inadequate to move forward with an award.

**NOTE: Prior to receiving financial assistance from the Department, applicants must either obtain a Regional Collection Center permit, or in the case of a satellite facility, provide documentation of a contractual arrangement with a permitted RCC for the removal of the waste to be collected.**

## GRANT DENIAL

An application may be denied for the following reasons, including but not limited to:

- The applicant does not meet eligibility requirements.
- The applicant does not provide sufficient information requested in the application proposal.
- The project goals or scope are not consistent with Iowa Administrative Code 567 chapter 211, 123.
- Funds are insufficient to award financial assistance to all qualified applicants.
- The applicant has not met contractual obligations of previous grant awards.

## Funding:

Grant funds will be available upon EPC approval, if applicable, and successful Contract negotiation. Five percent of all awards will be retained by the Department until all requirements of the agreement are met to the satisfaction of the Department.

## Eligible Costs:

Eligible costs for reimbursement include, but are not limited to the following:

1. Materials and labor for construction, and the purchase cost of structures to be used as an RCC or satellite facility, including but not limited to site excavation for the structure and modifications to control runoff.
2. Equipment and supplies relating directly to RCC or satellite operation.
3. A one-year education and public awareness program for households and CESQGs within the RCC service area.  
Eligible education expenses may include but are not limited to:
  - Supplies, including paper and postage;
  - The purchase of books, resource materials, slide shows, video materials, and other media for education of the local population or donation to local libraries or schools; and

- Fees for public service announcements.

### Eligible Cost Share:

Applicants are required to provide a minimum of fifty percent (50%) cash match for the following expenses:

- Education and public awareness.
- Award amounts in excess of \$25,000.00

Eligible cost share includes items directly related to the implementation and operation of the project.

### Ineligible Costs:

Ineligible costs for reimbursement include, but are not limited to the following:

- Taxes.
- Vehicle registration.
- Indirect or overhead costs.
- Legal costs
- Contingency funds
- Land acquisition
- Disposal of hazardous materials
- Supplies for disposal of hazardous materials
- Office equipment

Costs incurred before a contractual agreement has been executed between the applicant and the Department are ineligible for reimbursement. Items previously purchased or constructed for which payments continue to be made are not eligible for funding.

## SELECTION CRITERIA

In all cases applicants shall submit a completed application using the forms listed below. The forms are attached at the end of this document

### Required Forms:

- Form A - Application Cover Sheet
- Form B - Project Summary Sheet
- Form C - Project Timetable
- Form D - Budget Summary Sheet and Budget Narrative
- Form E - Applicant Disclosure Form
- Form F - Comprehensive Planning Area Agency Comment Form
- Minority Impact Statement

### GENERAL INSTRUCTIONS

Applications shall be reviewed by the Land Quality Bureau staff. The Deputy Director of the DNR shall have final approval of all application selections. Grants of \$25,000 or more also require approval by the Environmental Protection Commission.

A point value has been assigned for the four proposal evaluation criteria as well as the project timetable and budget summary. The Department shall evaluate proposals and determine the merits of the proposal based on the following criteria:

**APPLICATION COVER SHEET** (use Form A)

**PROJECT SUMMARY** (Form B)

**USE ANALYSIS - 25 points** (use Form B for narrative)

- Provide the number of households and CESQGs the project will serve.
- Estimate the types and quantities of wastes that will be generated in the area served by the project. This estimate can be made by using reports from existing facilities that serve a similar population base. These reports can be accessed at <https://programs.iowadnr.gov/solidwaste/default.asp> or by contacting the Land Quality Bureau of the DNR. The information should show what types of hazardous wastes are produced and how much hazardous waste is expected to be produced per month. Describe how these wastes are currently being managed.
- Describe the current level of service for the project area and the proposed level of service. Priority will be given to areas currently without HHM management service.
- If this application is to add a permanent structure to an existing service area, describe how the structure will increase collection amounts, efficiency, convenience, or increase use of the facility over the current baseline.

**SITE AND STRUCTURES - 25 points** (use Form B for narrative)

- Sizing the site – the site shall be adequately sized to accommodate all structures, units and activities that will take place on the site.
- Access to the Site – the site shall be fenced to control access; a gate shall be provided at the entrance to the site and kept locked when personnel are not on duty.
- Attach a conceptual layout plan of the proposed site. It is not necessary to incur the expense of an engineer to draw up designs for the application. An accurate map with the follow structures will suffice. The conceptual layout should, at a minimum show, the proposed location of the structure(s), access roads, fences and gates, landscaping and screening devices, personnel and maintenance facilities and utility lines and some descriptive labeling of existing on-site and off-site land uses. By supplying this conceptual information the applicant is not locked into this concept if a change occurs during construction.
- Attach dimensions and specifications of all structures; differentiating between work or storage areas within a structure. By supplying this conceptual information the applicant is not locked into this concept if a change occurs during construction.

**EDUCATION PUBLIC AWARENESS CRITERIA – 25 Points** (use Form B for narrative)

It is understood that on-going public awareness is critical to launching and maintaining an effective and comprehensive Household Hazardous Materials (HHM) / Regional Collection Center (RCC) program. Applications will be reviewed and scored in terms of how well the following activities are incorporated into the education plan outlined on Form B – Project Summary Sheet and Form D – Project Budget and the associated budget narrative.

1. The education plan must address, but is not limited to the following:
  - a. Method(s) and frequency that the following HHM messages are provided to the public.
    - i. Proper purchases (Buy only what you need, green alternatives)
    - ii. How to read and understand HHM product labels
    - iii. Proper use and storage of HHM products
    - iv. Proper disposal of unused or unwanted HHM products
  - b. Regional Collection Center
    - i. Location
    - ii. Hours of operation/ appointment details
    - iii. Contact information
    - iv. Materials accepted
  - c. Health, Safety, and Environmental concerns associated with improper use, storage and disposal of HHM products
2. Message delivery methods may include newspaper, fliers, mail inserts, television, radio, social media (such as web pages, Facebook) and in-person presentations to civic groups, schools, business meetings, etc.
3. Regional Collection Center services targeting Conditionally Exempt Small Quantity Generator (CESQG) businesses can have a positive bottom-line impact for both the RCC and the CESQG. Applications will be positively scored on the methods used to reach this customer group, including such technical assistance as determining generator

status, source reduction, and referrals to applicable Department programs or other available technical assistance programs.

4. Incorporating presentations at schools, hosting school tours of the RCC, providing educational materials to schools, teachers and students improves understanding of the concerns relating to HHMs and provides a conduit into households for increased awareness.
5. Providing HHM and RCC information to public libraries in the form of resource materials (brochures/magnets or educational books and CD's), presentations, monetary assistance for HHM resources, etc. is an important factor for increasing public awareness

**STAFF QUALIFICATIONS - 5 points** (use Form B for narrative)

The applicant should submit a brief narrative that addresses expected level of staffing, staff qualifications and experience, plans for staff training, and individual staff responsibilities. Please include managers, technicians and educational staff.

**PROJECT TIMETABLE – 10 points** (use Form C)

Detail significant tasks start and completion dates. Include person(s) responsible for completing each task. Please include a line designation for the person responsible for submitting the required grant reports.

**BUDGET and BUDGET NARRATIVE - 10 points** (use Form D)

Applicants must submit a budget narrative detailing specific proposed expenditures and their role in the project. Use this section for grant request dollars and match. Attach the Budget Narrative behind Form D on a separate page.

**APPLICANT DISCLOSURE** (use Form E)

**COMPREHENSIVE PLANNING AREA COMMENT FORM** (use Form F)

To determine the appropriate Comprehensive Planning Area Agency or Responsible Agency contact information visit the online directory at <http://www.iowadnr.gov/Environmental-Protection/Land-Quality/Solid-Waste/Comprehensive-Planning>.

**MINORITY IMPACT STATEMENT** (use attached form)

**APPLICATION CHECKLIST:**

Before submitting your application to the Department of Natural Resources, please review the following checklist to ensure that your application is complete and in this order.

- Form A - Application Cover Sheet
- Form B - Project Summary Sheet
- Form C - Project Timetable
- Form D - Budget Summary Sheet and Budget Narrative
- Form E - Applicant Disclosure Form
- Form F – Comprehensive Planning Area Comment Form
- Minority Impact Statement
- Attachments: (If applicable)
  - Conceptual layout of site
  - Specifications of any buildings
  - Other information if needed

If applicable, letters of support from project partners should be attached to the back of your application.

**FORM A**

**APPLICATION COVER SHEET  
REGIONAL COLLECTION CENTER ESTABLISHMENT GRANTS**

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Project Type:  New Regional Collection Center  
 New Satellite Facility

This is my first grant from the Regional Collection Center Establishment Funds for this site  Yes  No

If no: I have had \_\_\_\_\_ grants for a total of \$ \_\_\_\_\_

Amount of Funding Requested: \$ \_\_\_\_\_

Amount of Local Cost Share Committed (Do Not include in-kind match): \$ \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**FORM B**

**PROJECT SUMMARY SHEET  
REGIONAL COLLECTION CENTER ESTABLISHMENT GRANTS**

Applicant Name: \_\_\_\_\_

Geographic area served by the project: \_\_\_\_\_

Project Summary: (See Application Instruction Guidelines) – follow the outline provided







# FORM E

## APPLICANT DISCLOSURE FORM REGIONAL COLLECTION CENTER ESTABLISHMENT GRANTS

Applicant Name: \_\_\_\_\_

Please answer the following. Continue on separate sheet if necessary following this format.

1. Is the applicant presently involved in any litigation that would have a material adverse effect on the applicant's and/or principals financial condition?  Yes  No (If Yes, explain)
  
2. Is the applicant is currently in compliance with all applicable federal, state or local statutes and regulations as they relate to the proposed project?  Yes  No (If No, explain)
  
3. Applicant has supplied a copy of the completed application and the Comprehensive Planning Area Agency Comment Form to the agency responsible for submitting an approved solid waste comprehensive plan for their comment?  Yes  No (If No, explain)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

# FORM F

## COPMPREHENSIVE PLANNING AREA AGENCY COMMENT FORM REGIONAL COLLECTION CENTER ESTABLISHMENT GRANTS

Applicant Name: \_\_\_\_\_

Responsible Agency Name: \_\_\_\_\_ Date Application Received: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

1. Is the proposed project consistent with the household hazardous materials education plan (toxicity reduction plan) described in the solid waste comprehensive plan or subsequent plan? Please elaborate.
2. Can the project, as proposed, be considered to have a regional effect on reducing the toxicity of the targeted solid waste stream? If not, is there the potential for it to be expanded to have a regional impact and how?
3. In the Agency's opinion, does the applicant's project staff have the experience and knowledge to successfully implement the proposed project? Please elaborate.
4. Does the responsible agency feel the project is viable as proposed? Please elaborate.

Other Comments

## Minority Impact Statement

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa which are due beginning January 1, 2009 shall include a Minority Impact Statement. This is the state's mechanism to require grant applicants to consider the potential impact of the grant project's proposed programs or policies on minority groups.

**Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).**

The proposed grant project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

Describe the positive impact expected from this project

Indicate which group/groups are impacted:

- |  |   |
|--|---|
| <input type="checkbox"/> Women                     | <input type="checkbox"/> Pacific Islanders        |
| <input type="checkbox"/> Persons with a Disability | <input type="checkbox"/> American Indians         |
| <input type="checkbox"/> Blacks                    | <input type="checkbox"/> Alaskan Native Americans |
| <input type="checkbox"/> Latinos                   | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> Asians                    |   |

The proposed grant project programs or policies could have a disproportionate or unique **negative** impact on minority persons.

Describe the negative impact expected from this project

Present the rationale for the existence of the proposed program or policy.

Provide evidence of consultation of representatives of the minority groups impacted.

Indicate which group/groups are impacted:

- |  |   |
|--|---|
| <input type="checkbox"/> Women                     | <input type="checkbox"/> Pacific Islanders        |
| <input type="checkbox"/> Persons with a Disability | <input type="checkbox"/> American Indians         |
| <input type="checkbox"/> Blacks                    | <input type="checkbox"/> Alaskan Native Americans |
| <input type="checkbox"/> Latinos                   | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> Asians                    |   |

The proposed grant project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons.

Present the rationale for determining no impact.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

## Definitions

“Minority Persons”, as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

“Disability”, as defined in Iowa Code Section 15.102, subsection 5, paragraph “b”, subparagraph (1):

*b.* As used in this subsection:

(1) “*Disability*” means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

“*Disability*” does not include any of the following:

(a) Homosexuality or bisexuality.

(b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.

(c) Compulsive gambling, kleptomania, or pyromania.

(d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

“State Agency”, as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the State of Iowa.